Job Opportunity Bulletin

Post Date: 08/23/2013

PROGRAM TECHNICIAN II

Salary: \$ 2,638.00 - \$3,305.00 Permanent. Full-Time

FINAL FILING DATE: 09/23/2013

The California Department of Developmental Services (DDS) currently has an outstanding opportunity for a strong candidate seeking a position as a Program Technician II in the Client Financial Services Section (CFS) of the Administration Division.

CFS bills Medicare Parts A and B and collects the federal revenues for services provided to clients in developmental centers, small state-owned facilities and state hospitals. The focus of this position is the processing and coordinating of Medicare provider applications and Medicare Recovery Audit Contractor audit requests. The PTII will track and assure timely compliance with the application and audit processes and produce reports as to the status of these via interaction with the staff at the facilities and the Medicare contractors. Additionally, the PTII will assist in the write-up of internal Medicare billing compliance reports and work to resolve posting and billing errors associated with a centralized billing system.

For complete duties, please see duty statement on the following page.

DESIREABLE QUALIFICATIONS:

- Proficiency in using Microsoft Excel and Word
- Ability to prioritize and organize to efficiently complete assignments
- Strong problem solving skills
- Knowledge and experience with automated billing systems
- Knowledge of the Medicare program

ADDITIONAL INFORMATION:

This position is located in DDS' Headquarters office in downtown Sacramento. Our office is conveniently located near public transportation, parks, restaurants, and farmer's markets. DDS is committed to providing leadership that result in quality services to the people of California and assures the opportunity for individuals with developmental disabilities to exercise their right to make choices.

If you would like to be a part of our DDS team, please submit an original signed state application (STD. 678) and a resume. All applicants will be considered however, SROA/Surplus will be given priority.

Please be sure to include on your application the basis of your eligibility and position number #473-171-9928-030.

JOIN THE DDS TEAM!

For information about the DEPARTMENT OF DEVELOPMENTAL SERVICES Please visit our website at www.dds.ca.gov

Please refer to: Position #: **473-171-9928-030**

Mail your application to:

Dept. of Developmental Services 1600 Ninth Street, MS-Q Sacramento, CA 95814 Attention: Crissy Ortiz

All applications will be screened and only the most qualified will be interviewed.

CONTACT INFORMATION

Name: Crissy Ortiz

Number: (916) 322-7861

Email: crissy.ortiz@dds.ca.gov



DEPARTMENT OF DEVELOPMENTAL SERVICES

1600 9th Street, MS-Q Sacramento, CA 95814 "Building Partnerships, Supporting Choices"

DEPARTMENT OF DEVELOPMENTAL SERVICES ADMINISTRATION DIVISION CLIENT FINANCIAL SERVICES SECTION

DUTY STATEMENT 473-171-9928-030

JOB TITLE: Program Technician II

UNIT: Medicare/Insurance/Quality Control

GENERAL STATEMENT OF DUTIES: Administers the Medicare provider application process; coordinates Medicare audit requests received from various entities having the authority to audit department's Medicare claims; prepares charts and graphs displaying data relevant to applications and audits; assists in the completion of reports; reviews and corrects posting errors; assists in the posting of payments; changes task priorities as directed by the manager; meets time sensitive deadlines while working in a fast paced environment and adapting to changes mandated by the Centers for Medicare and Medicaid Services (CMS); assists in other duties as required to assure the section's maximization of revenue and reimbursement for services and drugs provided in the department's developmental centers and the Department of State Hospitals' state facilities; maintains security and confidentiality of documents in accordance with the Health Insurance Portability and Accountability act (HIPAA), the Health Information Technology for Economic and Clinical Health Act, and various parts of Section 42 of the United Stated Code, and Code of Federal Regulations.

SUPERVISION RECEIVED: Reports directly to the SSMI, Medicare/Insurance/Quality Control and Conservatorship Units.

SUPERVISION EXERCISED: None

TYPICAL PHYSICAL DEMANDS: Work on a desktop computer approximately 90 percent of the time. Handle multiple changing priorities, telephone use, processing paper and electronic documents, files and correspondence. Walk short distances for staff interaction, meetings and claims processing. General use and knowledge of office tools such as fax machines, copy machines and computers is required.

TYPICAL WORKING CONDITIONS: Open spaced, partitioned offices, with a smoke-free environment; use of fragrances and fragrance enhanced products are strongly discouraged for the health and comfort of individuals with chemical sensitivities.

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KNOWLEDGE, SKILLS, AND ABILITIES:

- Good interpersonal and team participation skills to maintain positive working relationships among the office staff and with staff from the facilities, the fiscal intermediary, and other stakeholders.
- Ability to prioritize and organize workload in order to timely and efficiently complete assignments and maximize revenue reimbursement.
- Flexible and adaptable to frequent changes in task priority from the unit manager, CMS, and Information Technology (IT) systems.
- Strong problem solving skills.
- Ability to work with numbers and understand the logical sequences of an automated posting/billing/payment accounting system.
- Good listening and communication skills, both orally and in writing.
- Knowledge of and ability to proficiently utilize Microsoft Excel and Word.
- Knowledge and experience with billing systems and other online work processes.
- Knowledge of Medicare program, laws, rules, regulations and policies related to the billing process is desirable.

EXAMPLES OF DUTIES:

- 40% Process applications for provider enrollment in the Medicare program. Applications come as a result of new hires at the facilities, and as required revalidations of currently enrolled providers by the Medicare program. Work with facilities to assure all applications are complete and include any required documentation and attachments. Follow-up with providers and facilities as needed to meet revalidation timelines. Follow-up with Medicare to insure the receipt of the applications and determine their on-going status. Verify as required enrollment of providers with the Medicare program. Update the Cost Recovery System (CRS) with provider data as it is received and changes.
- 40% Coordinate Recovery Audit Contractor (RAC) audit and other program audit requests with facilities to assure timely response to audit requests. Track requests: upon receipt for forwarding the requests to the facilities, type of audit request and specific audit issue, facility response to the audit request, audit findings, facility appeals, and final outcomes. Maintain spreadsheets with this data and from the spreadsheets pull data to prepare reports, charts, and graphs.
- 20% Assist other staff in the writing of completed Headquarters facility Medicare program reviews; review posting error lists to determine the reasons services or diagnosis failed to post to the CRS system and make corrections as necessary; assist in the posting of payments;

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on section needs and workflow commensurate with classification such as bu not limited to private pay billing and collection, and program research, accou reviews, and audits.	
Employee Signed	Date
Supervisor Signed	Date

Note: May be assigned other duties as directed by the supervisor depending

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